

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		<b>PTO</b>  <b>03945 U.S. PTO 10/6/6665 08/25/03</b>															
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450															
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)															
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>															
3. <input checked="" type="checkbox"/> Specification      Total Pages <b>86</b>		a. <input type="checkbox"/> Computer Readable Form (CRF)															
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113)      Total Sheets <b>7</b>		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper															
5. <input checked="" type="checkbox"/> Oath or Declaration      Total Pages <b>2</b>		c. <input type="checkbox"/> Statements verifying identity of above copies															
a. <input checked="" type="checkbox"/> Newly executed (original or copy)		<b>ACCOMPANYING APPLICATION PARTS</b>															
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i>		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))															
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <i>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney															
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment															
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other: _____															
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <i>Prior application information:</i> _____ of prior application No. _____ / _____ <i>Examiner:</i> _____ Group/Art Unit: _____																	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.																	
18. CORRESPONDENCE ADDRESS 05514 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td> <td style="width: 40%; padding: 2px;">(Insert Customer No. or Attach bar code label here)</td> <td style="width: 30%; padding: 2px;">or <input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td colspan="3" style="height: 20px; border-top: none;"></td> </tr> </table>			<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below												
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below															
NAME																	
Address																	
City	State	Zip Code															
Country	Telephone	Fax															

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	18-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	2-3 =	0	X \$ 84.00 =	\$0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$750.00
				Total of above Calculations =	\$750.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$750.00

19. Small entity status

- A small entity statement is enclosed
- A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- Is no longer claimed.

20.  A check in the amount of \$ 750.00 to cover the filing fee is enclosed.

21.  A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- Fees required under 37 CFR 1.16.
- Fees required under 37 CFR 1.17.
- Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	Lawrence A. Stahl - Reg. No. 30,110
SIGNATURE	
DATE	August 25, 2003